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ON THE OPHTHALMOSCOPE AND ITS USES.—NO. IV.—[With a Plate.]

BY JOHN H. DIX, M.D., BOSTON.

[Communicated for the Boston Med. and Surg. Journal.—See page 469, Vol. LIV.]

Of all the morbid appearances exhibited through the ophthalmoscope, the most frequent is a black patch upon or beneath the retina, stationary, and varying in size from that of the smallest particle of dust to that of the surface of a five-cent piece. In some cases only one, and, in others, twenty may be counted. They are not, even when very large and numerous, inconsistent with a useful amount of vision; and, as yet, I have met with them in no case of total blindness which did not present some other visible signs of organic degeneration.

It seems to be very generally assumed that these black patches are old coagula of blood. I believe that they are not, for several reasons. First, their very dark brown or black color. In one case I was able to examine, at three different periods, a coagulum of blood. At the earliest examination it was of a deep florid red color. At the second, the patch was smaller and somewhat paler; and at the third, I was uncertain whether it was absolutely gone, or so much paler as not to be distinguishable in the general pink glow of the retina; but at no time did a black or even brownish aspect present.

Secondly, these patches are often bounded by sharp lines and angles, such as would not probably result from an effusion of blood at any time, or in any tissue.

Thirdly, the history of cases in which these black patches are seen, forbids the assumption that they are coagula of blood. An effusion of blood sufficient to leave very large and numerous permanent coagula, must at some time have been so extensive and general as to occupy the whole field of the retina, and wholly to extinguish vision; or else, if it is supposed that successive effusions have taken place at different periods, there should have been, in the course of the general deterioration of vision, occasional periods of partial recovery, coinciding with the times when a recent coagulum

was in process of absorption. In the history of these cases, I find the decline of vision to have been slow and uninterrupted by any intervals of improvement.

What these patches actually are can be determined only by *post-mortem* examination. They resemble very much the fragments of black pigment which are often seen adherent to the anterior capsule of the lens. They are possibly portions of the choroid coat denuded of the retina, or covered by parts of the retina, which by disease has lost its brilliant reflecting surface, but not its transparency.

The following case is intended to be represented by Figure 1, of Plate III., which, however, would, with an increase or diminution in the size and number of the spots, equally well represent many others.*

August 24th, 1855.—Wm. I——, of Cambridge, æt. 23, at the age of seven years began to lose his sight, and continued to do so for a year, at the close of which he had become as he has since remained.

Now, he can read nothing smaller than the largest Bible type, but with a glass of one inch focus he can read fine print.

Ever since the blindness commenced, he has had, from stooping or violent muscular effort, bright stellated spectra before both eyes, and very frequently, without any provocation, half-moon shaped silver bright spectra following after each other. This is generally relieved by changing the light in which he is. He teaches music by the aid of a convex lens, but, if he applies his eyes for more than twenty minutes, he has pain in them. There is slight divergence of both eyes. Vision equal in the two eyes, but he sees with either eye better if the other is closed.

No treatment was resorted to until two years after the access of the blindness, when he took medicines, internally, but does not know of what character. Blisters were often applied. At a later period, electricity was tried, with a decidedly unfavorable result. Irides gray.

Examination with the Ophthalmoscope.—Right eye. The pink coloring of the retina, and the white patch at the entrance of the optic nerve, were strongly marked; and the bloodvessels distinct, except where they were obscured by large and very numerous angular black patches.

Left eye.—The same appearances as in the right, except that the black appearance is disposed in lines as well as in patches.

Dr. E. P. Morong and Dr. S. F. Haven examined the case.

The appearance in Fig. 3, as of globules (the retina itself probably exhibiting them by reason of an effusion beneath it), is not uncommon, and is shown, also, in the next figure, but this (Fig. 2) is the only instance in which I have found this globular formation indi-

* Plates of a similar appearance will be found in L'Essai sur l'exploration de la Retine, et des milieux de l'œil, par A. Anagnostakis, Fig. XII.; and also in the very elaborate and carefully illustrated work now in process of publication, at Vienna, by Dr. Edouard Jaeger, entitled Beiträge zur Pathologie des Auges, Taf. VII., Erste Lieferung.

cated by a red coloring; the darker coloring, or perhaps shading, on the globules, being always of a pearly blue. The case from which this drawing is taken is as follows.

July 30th, 1855.—Charles R——, æt. 19, of Toronto, Canada West, four years and a half ago received a blow upon the right eye, which was followed by excessive swelling of the lids.—About a month afterwards he found the vision of the right eye very imperfect. It has gradually become more so. For six months past, he thinks that he does not see quite so far as formerly, with his left eye. Reading and writing, as he has been accustomed to do, brings on a sensation approaching to pain, and also a dimness of vision. Now, with his right eye he sees indistinctly the location of the engravings around the title-page of the Boston Directory for 1854. The right eye is decidedly everted.

Examination with the Ophthalmoscope.—Right eye. The whole expanse of the retina paler than in health. The entrance of the optic nerve I do not make out distinctly, nor do the vessels appear as in a sound eye. Instead of them, one very large, and one or two smaller, red lines traverse, horizontally, the field of the retina, one of which (the largest) seems to be composed of a series of globules.

Fig. 3 represents probably only a later period of the condition given in Fig. 2. It was taken from this case.

John H., æt. 15, of East Wareham, believes that his vision was never perfect, but had tolerable vision until his fourth year. In his fourth year, without any general or local disease, he began to lose his sight. In about a year, all perception of light was lost, but has been recovered to the extent only of seeing a decided light. Had no treatment. Has a brother wholly, and a sister partially blind, constituting the whole family. The father and mother were myopic, the mother very much so. Iris, light blue. Looks robust, but is subject to nausea, stricture of the chest, dizziness and somnolence. Appearance of eyes natural, except slight nystagmus.

Ophthalmoscopic Examination.—The retina generally paler than in a normal state, and less vascular. The vessels are not so large, and the branches not so numerous as in a sound eye. They are distinctly visible in the lower hemisphere, but not discoverable at all in the upper. In the upper half of the area of the pupil are numerous globules, some separated, but most of them in clusters. These globules are most distinct and possibly prominent in the right eye, to the upper and outer part of which they are confined. The same globules are seen over the whole field of the left eye, but not more in one part than another, and not at all in clusters. In the left eye, the upper and lower bloodvessels are barely, and about equally discernible. Dr. S. F. Haven examined the eye with me.

As a supplement to Figures 2 and 3, I have caused to be engraved Fig. 4, from Fig. 10 of the work of M. Anagnostakis. It is entitled by him subretinian dropsy, and probably shows the last stage of a disorganization of which the two preceding figures show the earlier stages. I translate as follows the case as given by him.

Mlle. Q., æt. 23, had very clear vision, until one morning in 1851, upon rising, she found the right eye very red, and felt a sensation as of gravel under the lids. Under very simple treatment this redness disappeared at the end of five or six days. She considered herself quite recovered, but two months afterwards accidentally discovered, on shutting the left eye, that she was totally blind with the right. On the 28th of November* I found her condition to be as follows. The left eye in a normal state. The outer membranes of the right eye are not affected. The iris presents no change of structure or color, and no adhesions, but the pupil is distorted and immovable. The crystalline lens is transparent. While the eye is in motion, a close examination renders a doubtful fluctuation apparent at the fundus.

Examination with the Ophthalmoscope.—We see, on the lower side, a large portion of the retina pressed forward by a serous fluid, and giving the appearance of a translucent bag lying in horizontal folds, traversed by brownish, curved lines, easily recognized as the obliterated vessels of the retina. Whenever she turns the eye downward, this mass appears to rise with an undulating motion, during which the folds disappear.†

M. Anagnostakis gives, without a plate, a description of one case, which also, as it differs from any I have observed, I translate, premising that I place it here as a possible type of another class of morbid conditions of the internal textures. I do not endorse the title which he gives it, of partial thickening of the retina. It is the only one which he has seen, and is as follows:—Mlle. R., æt. 33 years, of delicate constitution, had, eight years ago, from a wound, irido choroiditis of the right eye, closure of the pupil, and atrophy of the globe. At the close of the month of November, 1852, she was upset in a vehicle, and received a slight contusion upon the occiput. Since this accident she has had headaches, hypochondria, myopia and photopsy to a great degree, at the same time that her vision daily declined, so that at present she can hardly walk about by herself. She sees better by a moderate than a full sunlight, from which last she experiences pain. The outer membranes of the eye are in normal condition;‡ the iris of natural color, free from adhesions and quick in its action. At the fundus of the eye are no unusual indications.

Examination with the Ophthalmoscope.—By the aid of our instrument, we discern through the pupil, artificially dilated, the following lesions. At a short distance from the entrance of the optic nerve are seen three patches of a lard-like color *(lardacée)*, of the size of a small bean, united at their edges, and projecting slightly above the level of the retina. A thick net-work of extremely minute bloodvessels, springing from the neighboring membrane, spreads

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* Probably 1851, the date of the work.

† Of the correctness of the description of the appearances and of the plate, I have no doubt, but neither accept nor reject the explanation which M. A. gives of them.

‡ All that follows has, of course, reference to the left eye, although it is not so stated.—Tr.

itself over the whole of these patches. The great vessels of the retina are unusually large.

In amaurosis of very long duration, the most striking features are extreme paleness of the whole field of the retina, great distinctness and apparent increase of size of the dark venous vessels, and in most cases a disappearance altogether of the arterial, as distinct from the venous vessels. Fig. 5 represents this condition in each of the three following cases, except that in one of them the paleness is an absolute whiteness of the retina. They are brothers, their parents are cousins, and in the family of nine, one daughter is also partially amaurotic.

Sept. 19th, 1855.—Joseph L., æt. 55, of Newton, had congenital cataracts, with total blindness. At thirteen years of age, he had one operation on the left, and in the course of two years, three operations on the right eye. The pupil of the left is clear, that of the right eye is occupied partially on the outer side by a bit of capsule; not the slightest vision, more than to discern the difference between dark and light colors. Irides gray. Cornea of right eye slightly, and of left, more conical.

Examination with the Ophthalmoscope.—Right eye; nothing is seen like the usual red glow from the retina, which is nearly white. On the nasal side, a large, dark bloodvessel is visible, and here and there small irregular black patches. Left eye; throwing the light from the mirror into it, and looking not through the central opening in it, but obliquely, the appearance is precisely as if the pupil was occupied with a milky-white cataract. Looking through the central aperture, we find that this is due only to the white reflection from the fundus, the retina being as pale as in the other eye, the vessels of a deep purple and large, the black patches doubtfully discernible. Dr. Alfred Hosmer, of Watertown, examined the eyes with me.

Sept. 26th, 1855.—Foster L., æt. 50, a brother of the preceding. Congenitally blind. At 10 years of age had an operation for cataract, which in the course of two years was repeated twice upon the left eye. No improvement of vision resulted. Now both globes are small; the corneæ of both eyes are very decidedly conical. In the left eye the whole pupil is occupied by a tough-looking capsule. In the right eye is a very small fragment of capsule, but the pupil is sufficiently clear for examination. Irides hazel.

Examination with Ophthalmoscope.—Right eye; the whole field of the retina is extremely pale, so much so that the place of entrance of the optic nerve is but little whiter than the rest of the field. A few branches of bloodvessels are discernible, apparently, by the color, the venous ones. A few black patches and lines are seen. The decided conicity of the cornea renders this a very interesting case, it having been asserted that behind a conical cornea, no view of the retina could be obtained.* Dr. Alfred Hosmer examined the

* Possibly this may be true ordinarily, and in this case the absence of the lens may just compensate for the excessive refraction of the cornea.

case with me. In the left eye, the opaque capsule prevented examination.

Sept. 24th, 1855.—William L., brother of the two last named, æt. 45, had cataracts at birth, and when seven years of age had one operation on the left eye, and two on the right. Now, the pupil of the right eye is perfectly clear, but he has not the slightest vision. The pupil of the left eye is occupied to about one half or more of its extent with opaque capsule. Through an aperture in the capsule he distinguishes the form of a man from a woman, and with a convex lens, somewhat better. Irides gray.

Examination with the Ophthalmoscope.—Right eye; the paleness of the field of the retina, though less complete than in the two preceding cases, is the most marked feature. The bloodvessels are large, and of the same deep coloring as in his brothers' eyes. The left eye was not examined, on account of the presence of the opaque capsule. Dr. Hosmer examined this case, also.

ADDISON ON THE SYMPTOMS AND TREATMENT OF DISEASE OF THE SUPRA RENAL CAPSULES.

[Concluded from page 162.]

TRANSLATED BY R. M. HODGES, M.D., BOSTON.

[The *London Medical Times and Gazette*, which may be called the "organ" of Mr. Addison's views, has reported, up to the middle of last July, 33 cases, more or less confirmatory of the views detailed in the preceding pages. In a series of 28, arranged in a tabular form by the editor of that Journal, 25, at least, support the theory under consideration. The following are the rather strongly-expressed conclusions derived from them by Dr. Hutchinson.

"1st. No single case has yet been recorded in which a well-marked bronzed condition of the skin existed and recovery ensued, nor in which, after death, the supra renal capsules were proved to be healthy.

"2nd. No single case has yet been recorded in which, after death, both supra renal capsules were found disorganized by chronic disease, and in which the skin during life had not assumed the bronzed condition."—R. M. H.]

We have endeavored not only to set forth the views entertained by Dr. Addison, deserving in so many respects of especial attention, but to furnish the facts on which they are based. All of the cases quoted or analyzed do not possess the same interest or contain elements of equal importance. Those where the lesion was confined to the capsules naturally rank first, and are to be taken as typical. The others include complications, and to the cancerous or other deposits in the various organs may be referred their various symptoms, common to so many miasmatic, cancerous and tubercular diseases. Anæmia, debility and vomiting cannot be called cha-

racteristic symptoms. Discoloration of the skin is then the only pathognomonic and unequivocal one, which in every case sufficed to establish a diagnosis that the other morbid phenomena could but have made suspicious.

The changes that take place, it is plain, are of a malignant character. Evidence of non-specific inflammatory action is exceptional, but the solitary case [No. 4] is none the less important, since it shows that neither the discoloration of the skin, nor the vomiting or general debility, are exclusively the result of malignant influence.

Whenever a new pathological fact is established, the observer, to whom belongs the credit of its discovery, always sets aside certain questions which he refrains from asking or is unable to interpret. He has one object only in view, and it is by virtue of this very course that he so successfully separates from the rest all essential points. Here we have no lack of unanswered questions. The first and most important is, how far the converse of the law laid down by Dr. Addison is true. According to him, whenever, together with the group of symptoms repeatedly enumerated, there exists that peculiar discoloration of the skin, not only the existence of disease is presumptive, but that it is a malignant and incurable one of the supra renal capsules. On the other hand, can it be said, every time that the capsules are diseased, that characteristic symptoms are the necessary consequence. Even Addison himself has doubts upon this point, and in fact he quotes, with that honesty which characterizes the whole of his work, a recent case (May, 1855), where at an autopsy he found a cancerous deposit in both capsules, the patient having the same disease elsewhere, and though very small in amount, excepting in the capsules, there was no modification in the color of the skin.

[Another case has also been reported where there was no bronzed skin, though the capsules were cancerous, the kidneys being healthy. Also one case where, though the bronzed skin was present, the capsules were perfectly healthy, the patient's death being caused by a tumor in the medulla oblongata. These cases had not been reported when Dr. Hutchinson drew up his conclusions.—R. M. H.]

The precise nature of this affection is yet to be studied. Addison does not suggest the least hypothesis. With even more propriety we shall maintain a similar reserve. One circumstance we shall simply mention, and that is, the notable increase of white corpuscles in those cases where the blood has been analyzed. Is this increase similar to that occuring in so many other diseases? Is it deserving of further study?

[In 1851, Dr. Brown-Séquard reported several cases showing the effects of injuries of the spinal cord in animals, upon the supra renal capsules, which became hypertrophied at the end of a few months and enlarged to two or three times their natural size, the medullary portion being the seat of the hypertrophy. Since 1851, Brown-Séquard has had the opportunity to examine more than one

hundred animals in which he had severely injured the spinal cord, and in all he has found the renal capsules congested, if the injury was a recent one, and hypertrophied if inflicted many months before. He has also examined seven cases of a disease prevalent among rabbits, where there were morbid alterations of these organs. The symptoms of the disease consist of weakness and diarrhœa, and finally convulsions, and it is certainly fatal where convulsions once take place. The most careful dissection reveals no disease of the brain or spinal cord. In 200 healthy rabbits and guinea pigs killed by him in a course of experimental physiology, the supra renal capsules were carefully examined, and in none of them were they found diseased. The observations connected with injuries of the spinal cord and the disease of the capsules in the animals dying with convulsions, when placed beside the nervous phenomena, neuralgic pains, alteration of temper, loss of memory, numbness, &c., so frequently occurring in Dr. Addison's cases, would seem certainly to indicate a relation of causalty between disease of the capsules and the cerebro-spinal system, sufficient, at least, to call the attention of physicians to the state of those organs whenever they have the opportunity to examine the bodies of patients who have died from nervous diseases.

In still more recent researches, Brown-Séquard has found that extirpation of the two capsules in animals is the cause of very rapid death. In adult dogs and cats, after their extirpation, the average length of life has been 14 hours, and the greatest period has been 17 hours; in rabbits, 9 hours. In newly-born kittens, life lasted in one case 38 hours; in a second, 49. After the extirpation of one of the capsules only, life lasted, on an average, 27 hours in dogs and cats, and 15 or 16 in rabbits and guinea pigs.—R. M. H.]

No matter what Addison's claims to confidence may be, too ready credulity in scientific matters must be restrained; and in medical, no less than in judicial inquests, the testimony of a single witness must not be too much relied upon. It is customary for the press in England, whenever a new question comes up, to solicit research and to request their correspondents to send in all the cases they can collect. The *Medical Times and Gazette* has already published four* cases in full confirmation of the views of Addison. The analysis of two of these cases, well authenticated as they are, will not be unacceptable.

Case.—E. E., æt. 24. Hawker. Admitted to St. Bartholomew's Hospital, under the care of Dr. Burrows, April 7th, 1854. Family healthy. Is a hard-working man, leading a regular life, except in the use of ardent spirits. For four months past, being unable to work, he has been badly fed, but previously he was able to procure sufficient food.

Present state.—He has the appearance of an ill-nourished man. His skin is in all parts of a copper-bronze tint, the head and neck being very deeply stained. On the thorax and upper part of ab-

* These have since been increased to the number of 33.—TRANSLATOR.

domen, the brown marks are interspersed with lighter patches, producing a mottled appearance. There are very dark patches in front of both patellæ, and the skin of the penis and scrotum is almost black. The conjunctivæ are a little more vascular than natural, but quite free from tinge. Tongue moist and clean, excepting a central fur; bad appetite; bowels relaxed; thirst moderate. He is the subject of angular curvature of the spine from old disease; the sixth, seventh and eighth dorsal vertebræ project backwards. Has great pain in walking.

History of Symptoms.—The change in the color of the skin has been noticed by himself and friends for four months past, and it is steadily increasing. The disease of the spine commenced when he was three years old. Two years ago a new abscess appeared, but he had returned to his work six months before his present symptoms came on, which was about eight months since. For the last week he has had more or less vomiting every day, the matter vomited being described as watery and of a yellow color. The treatment consisted chiefly of preparations of iron, bitters and strengthening diet. During the week's interval which elapsed between his entrance to the hospital and his death, he complained of no particular pain. His urine was normal in quantity, color and composition. He could sit up a few hours during the day, but weakness was one of the most prominent symptoms. The 15th of April, after having conversed with a relative, he took a mild cathartic, which operated in the middle of the night and produced seven liquid dejections. At 7 o'clock, A. M., the diarrhœa was checked by a dose of some aromatic mixture. At 8 o'clock, he lost his consciousness and died.

Autopsy.—Brain healthy. Much fat about heart. Slight thickening of the mitral valves. A few ossified points in the aorta. Thoracic organs healthy. Nothing noticed in the abdominal viscera, except some scattered yellow spots on the surface of the liver and some congestion of the kidneys. Right supra renal capsule enlarged. On making a longitudinal incision, purulent matter issues from several points. Several yellow bodies, looking like concrete tubercular matter, float in this fluid, surrounded by a pyogenic membrane. The left capsule is smaller, but has undergone a similar alteration. Two out of five of the little bodies found, were of a cartilaginous consistence. Before being opened, both capsules were soft and fluctuating.

The second case, reported in brief by Dr. Hall Bakewell, is that of a man about 28 years old, who died just after entering the hospital, and of whose previous history but little information could be obtained. Although the autopsy was made four days after death, there were no traces of commencing decomposition. When the body was exposed for dissection, every one was struck with the bronzed condition of the skin. There was great emphysema of both lungs and fatty degeneration of the heart. The liver, kidney and spleen were not remarkable. The supra renal capsules were

both atrophied and had undergone a kind of calcareous degeneration. Examined by Dr. Hutchinson, who exhibited them to the London Pathological Society, they were found to be made up of fibrous tissue, filled with calcareous deposit. It was impossible to find any traces of the normal structure of the capsules.

This case, the history of which is unfortunately wanting, is, in the nature of the morbid appearances, and even in the rapidity with which death took place, strikingly analogous to the fourth case of Dr. Addison, whilst Dr. Burrows's case is so precisely like most of Addison's, that in company with the two of his that we have quoted almost word for word, it might serve as a type of the disease.

RESTORATION OF THE ASPHYXIATED.

BY LUTHER V. BELL, M.D., CHARLESTOWN.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—In your last number I was glad to see reprinted, from the *London Lancet*, the new rules of Dr. MARSHALL HALL for restoring suspended animation in cases where the action of the heart is nearly or quite extinct. They certainly are as much in advance of the standing directions for the Humane Societies as those were superior to the vulgar methods of rolling the semi-drowned upon a barrel, suspension by the heels, putting him in bed with another person, &c.

Still I cannot but think, from my own experience in restoring those half dead, especially from suspension, that Dr. HALL has omitted some things which in all asphyxiated cases are of the highest moment. In the care of between two and three thousand insane persons, I have been more than once summoned to those whose vital spark was nearly extinguished by their hanging themselves. In such cases, I have immediately forced open the mouth, slipped down the stomach pipe and injected two or three ounces of brandy, or any other diffusible stimulant. If there still remained any susceptibility to nervous impressions, it was forthwith awakened and transferred to the heart. In one case, where we had every reason to believe that a patient had been hanging for the space of some fifteen minutes, I had the gratification of seeing respiration slowly reproduced under the prompt and decided effect of stimulants. The extremity of that case may be inferred from the fact that some twelve hours of alternate spasms and collapse occurred before restoration was rendered certain.

Dr. HALL has a just contempt, I think, of the usual instruction to inflate the lungs by the mouth of another person or the bellows. This has of late years been improved by directing the *pomum Adami* to be pressed back, because otherwise no air can be thrown in. I question, indeed, whether a case can be found where recovery has been effected by artificial respiration, although perhaps a century has elapsed since this process was laid down in the English Humane Society's formula. Indeed, it is very doubtful whether air

can be got into the lungs by direct pressure, either with or without this last improvement. The air would sooner be forced into the nasal and pharyngeal cavities, or even the stomach, and be returned thence by its elasticity, than into the trachea and chest. I think that if an opening were made directly into the trachea with the thrust of a lancet, and a quill or bit of catheter introduced, through which artificial expiration could be made, it might be sometimes successful. I tried it in one case, and the respiratory action was well imitated, although life proved to be extinguished. As illustrating the wide possible range of interruption of respiration, where recovery may or may not take place, I might mention that in the last instance suspension could not have continued beyond two minutes. In the other, as observed, a quarter of an hour had elapsed. The former died, the latter lived.

I think well of opening a vein in one or both arms, not as a restoratory measure—for no blood can be got where the asphyxia continues—but as giving a certain relief when respiration in its desperate, irregular throes does commence.

Dr. Marshall Hall makes no reference to any attempts to stimulate the action of the heart by scalding the extremities with hot water. This measure has proved certainly very efficacious in arousing patients under apoplexy, and would seem to be worth pursuing in asphyxia from drowning, hanging, gases or other interruptions of the deoxygenizing processes of the circulation. A sudden shock of this kind might act upon the last remaining excitability of the nervous system. An impulse put in motion by so severe a process might be communicated to the muscular sensibility of the heart, and another life-giving struggle be the result.

Both the opening the trachea and scalding the extremities are admittedly severe measures, but the case where they are applicable is desperate or approaching desperation. No minor considerations would at such a crisis move any firm man.

I confess myself somewhat surprised at Dr. Hall's classing the warm bath among the useless and even injurious means. While in itself it may not be deemed very useful in starting the clogged wheels of life, one can hardly doubt that returning the contracted, cold surface to its natural condition must co-operate in assisting the heart to get rid of its load of blood crowded upon it. If vitality enough is left to make the first half turn of the engine, so to speak, it certainly must be wise to remove an obstruction directly in its track.

I am aware that several of my suggestions imply that a medical man is in attendance, and are not suited to common use. But as regards the introduction of a powerful dose of brandy or the like into the stomach, I think a ready person, by having the patient's mouth well pried open, could contrive to introduce a cologne bottle or other long vial, or any bit of half or quarter inch tube, so far down the throat as to pour fluids into the œsophagus without their entering the rima glottidis.

My modifications, then, of Dr. HALL's rules for persons asphyxiated by submersion in water or carbonic acid gas or by strangulation, would be (referring to page 152 of this Journal), after rule 3, to get into the patient's stomach a gill of strong rum or brandy by the tube or in any other way. Next, give him an intensely stimulating injection, *per anum;* no matter whether of capsicum or turpentine or mustard, as they might be at hand. Then open a vein in both arms, to be ready for the earliest struggle of the heart. Apply cloths dipped in warm water, to induce a natural temperature, as a warm bath would be incompatible with the form of artificial respiration which he recommends. If this should not be followed, in fifteen or twenty minutes, by some encouraging indications, I would open the trachea and imitate respiration by throwing in air from the mouth or syringe or bellows, as might be practicable, and pour boiling water from the spout of a tea-kettle over the feet and legs to an extent which would probably induce entire vesication, and which might require weeks to cure if the patient were saved.

In the case of an asphyxiated child picked out of the water at Craigie's Bridge, as I was passing, I found no difficulty in pouring down some brandy by inserting my finger deep in the pharynx and passing the spoon back of it, so that the liquid was turned against its posterior wall. The child was saved—perhaps might have been spontaneously, as the action of the heart was not wholly suspended.

Why does Dr. HALL class galvanism among the useless, if not injurious measures? Until the recent invention of compact, constant machines, now very widely employed, galvanism might well be considered as an impracticable measure. But I think no judicious practitioner would neglect to apply the galvanic shock to any asphyxiated person, if the apparatus alluded to was at hand. Anything, in fact, which could be felt upon the nervous system as stimulus, whether direct in its action upon the stomach, or by exciting acute pain, or by affecting the olfactory nerve, as Dr. HALL suggests, or by the deeper effects of electricity or galvanism, must be of value in such an emergency.

September 22, 1856.

RESUSCITATION AFTER SUBMERSION.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—In the last number of the Boston Medical and Surgical Journal, Sept. 18, under the head of "Reports of Medical Societies," a very interesting case of *resuscitation after submersion* is related, and in which the following paragraph occurs. "There are but few well-authenticated cases on record where resuscitation has been effected after so long total submersion as this must have been (from three to five minutes). In the Report of the Royal Hu-

mane Society for 1840, there were two cases given of resuscitation after one minute and a half, and two cases after three minutes' submersion. Mr. Woolly, a medical assistant of the same Society, has met with only one case in the records of the Society, in which the individual was resuscitated after a submersion of five minutes."

I have before me the second report of the "Royal Humane Society, instituted in 1774, for the recovery of persons apparently drowned," &c. The report is for the year 1776, which, together with Dr. Cullen's letter to Lord Cathcart, dated Edinburgh, Aug. 8, 1774, "concerning the recovery of persons drowned and seemingly dead," &c., makes a pamphlet of nearly 200 pages.

I have thought it might interest the curious, if not subserve the cause of humanity, by furnishing for your Journal a sort of synopsis of some of the cases, showing the period of submersion where recovery took place.

Name.	Age.	Submerged, minutes.	Appliances continued, minutes.	Time before signs of life after beginning of treatment.	Page.	Remarks.
Elizabeth Martin,	Adult	10		minutes.	3	Attempted suicide.
Jas. Carmichael,	"	15	30		6	" "
H. Moor, child,	15 mo.	25	135	30	10	
Mary Harris,	Adult	10	30	15	12	Attempted suicide.
F. Millet's son,	5 yrs	15	75	15	14	
Mary Smith,	Adult	4			15	Attempted suicide. [out.
Poor Woman,	40 yrs	5		15	19	Stiff and cold when taken
Ann Bethell,	2 1-2 years	10		30	20	
Poor Man,		10		30	26	Lunatic.
Rob't Chisholm,	Boy	10	120	10	28	
Poor Girl,	13	3 or 4	120		31	Attempted suicide.
Edward Swan,	22	3		45	33	
Paul Oldfield,	40	5	90	45	35	
Ann Pearson,	23	3	120	30	37	Pregnant.
Ann Russell,	25		120	30	39	One hour's delay elapsed.
Thos. Orlibar,	12	15			47	
Robert Lant,	Old	10		15	64	Drunk—corpulent.
Wm. Roberts,	45	6		20	65	Fell several feet.
Poor Boy,	13	4		30	67	
James Jones,	12	7		20	68	
Two Fishermen,	Adults	long	120	45	70	
Thomas Ferguson,	"	7		15	75	25 minutes lost.
John Dick,	25	30	170	90	80	45 "
P. Kavanagh,		30	120		111	Drunk.
Young Man,		30	60		"	"
James Hawkins,		15	170		"	"
George Lang,		10	"		"	"
James Weaver,		4	60		"	"
Poor Man,		10	170		"	"
John Nicholson,		10	"		"	" [Holland.
Henry Wignam,		75	240	120	122	Occurred 11 Jan., 1773, in
Child,	4	60	120	100	124	" in Holland.

I merely add that the remedies employed in most of the cases were such as the Society had directed to be used—warmth, friction, turning the body, tobacco fumigation, stimulants, artificial respiration, venesection, removing the wet clothes and substituting warm blankets, &c. &c. I remain yours, &c.

Troy, N. Y., Sept. 22, 1856. THOS. W. BLATCHFORD.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE SUFFOLK DISTRICT MEDICAL SOCIETY. L. PARKS, JR., M.D., SECRETARY.

The Society met at their Hall in Perkins Building, July 26, 1856. The President in the Chair.

After the reading of the records of the preceding meeting,

Dr. H. R. Storer asked and obtained leave to offer remarks upon the records of the meeting of April 26th, 1856. Dr. S. felt aggrieved by a note appended by the Secretary to a certain passage in the report of a case presented to the Society by Dr. Storer on the 26th of April. Not having been present at the subsequent meeting when the records containing the note in question were read, he knew nothing of its existence until he saw it in the Boston Medical and Surgical Journal of July 24th, 1856.

Dr. Storer explained the purport of the proposition commented upon in the note, to be, that he intended "the application [of potassa fusa] should be made only to the tumor itself, and only to so much of it as could be fairly and safely reached, and that the caustic should then be properly neutralized, not at all implying that he thought potassa fusa a proper agent to be freely applied 'to the interior of the womb.'" Dr. Storer, however, did not care "to retract the statement as made, or in any further way modify it." It was not of the report of his remarks that he complained—"although he considered that these had been misinterpreted by the Secretary"—but of the note commenting thereupon.

Dr. Parks insisted upon the prescriptive right of the Secretary to append his comments to the records, it being out of his power to engage in the discussions of the Society, since by so doing he would be unable properly to report the proceedings. He also maintained the propriety of the publication of the note in question, on the ground that it had been read before the Society as a part of the records. He could not send proof sheets to members, simply because he did not receive them himself.*

After considerable discussion, it was

Voted, To indefinitely postpone the consideration of the subject.

Voted, That the Society does not consider itself responsible for any remarks made by the Secretary—as additions to the records.

Voted, That the above vote be published with the records.

Adjourned at 9½ P. M.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

July 28th.—*Cancer of the Lung, Pericardium and Heart. Autopsy.*—Dr. Ellis showed the specimen and reported the case.

The patient, a widow, 72 years of age, had always enjoyed good health until the fall of 1855, when a cough commenced, but did not attract much attention until December. Towards the close of this month she took a severe cold, to which she attributed her subsequent illness. She then began to complain of pain in the left side, and the slightly increased cough was accompanied by the expectoration of thick, yellowish matter, occasionally streaked with blood. There was no fever at any time. She had no medical advice until seen by me on Feb. 15th, 1856. At that time there was

* On the other hand, the undersigned disclaims all intention of a personal attack.
L. Parks, Jr.

but little or no cough, and no expectoration. She complained much of a "stuffed" feeling in the anterior part of the chest, or between that point and the shoulder, and pain in the left side. Her debility was such that she was confined to the bed during the greater part of the day. Pulse 112. No heat of the skin. No appetite. Bowels well. On examination of the chest, there was found dulness extending from the left clavicle to the third rib. The chest was elsewhere resonant. In the part where the dulness was noticed, was an indistinct mucous râle. Respiration elsewhere normal, but very obscure in the lower half of the left back. There was some projection of the cartilages and anterior extremities of the second, third and fourth ribs.

Under the use of anodynes, expectorants and tonics she gained strength, and improved generally, though still complaining of pain in the side, and oppression. On March 1st, she was attacked with severe pain in the lower and anterior part of the right side, attended by great dyspnœa and a pulse of 150. On examination there were found dulness on percussion in front, below the fifth rib, and a distinct mucous râle. She was soon relieved by anodynes, and, by the 7th, the physical signs disappeared.

Under the use of quinine and nourishing diet she again improved, so that she was able to sit up the greater part of the day. Still she complained of a dull constant pain in the left side, and the same "stuffed feeling" in the chest. The dulness below the clavicle persisted, and the lower part of the left back became less resonant than the right. Mucous râles were heard at both of these points, where there was also unusual resonance of the voice. The râle and dulness in the left back varied much from day to day, and, at times, were almost or entirely wanting. The cough was very slight, and no expectoration was seen until April 15th, when a few thick, yellowish sputa, containing some traces of blood, were preserved upon a handkerchief. On May 20th, she moved to South Boston, and was much fatigued by the ride. The oppression in the chest became much more troublesome, and when seen by me, three days after, the dyspnœa was quite marked. There was, however, no fever. Pulse 88. One very cursory examination of the chest only could be made, but quite extensive dulness was detected in the left back, with absence of the respiratory murmur. The cough was slight, and attended by the expectoration of a little viscid, orange-yellow matter. Infusion of serpentaria, and quinine, were prescribed, and a blister applied to the affected side. She soon became more comfortable, but the dulness increased until it extended over the whole of the left side, a little resonance being occasionally found in some spots about the scapula. Bronchial respiration and bronchophony were frequently heard near the lower angle of the scapula, and the voice was unusually resonant below the clavicle. Some respiration was occasionally heard about the lower angle of the scapula, but no marked improvement took place. Both sides of the chest appeared to expand equally well. Sounds of the heart normal, but, during the latter part of the time, heard over the whole front of the chest, their maximum intensity, however, being in the middle of the sternum, or in the usual spot. The expectoration, with the exception that it was once or twice decidedly purulent, with a little blood intermixed, continued of the same character previously mentioned, very viscid and yellow. It was twice examined microscopically, and contained blood globules, and granular corpuscles closely resembling those of pus, but without the characteristic nuclei. It was always scanty, and towards the close almost entirely ceased. The pulse varied from 84 to 88, until a short time before death,

when it became much quicker. The appetite, which had generally been pretty good, at last failed entirely, and, for several weeks before death, scarcely any nourishment was taken, a difficulty in swallowing being at the same time complained of. Pain in the left side continued a most prominent symptom, and, towards the close, was for several days quite severe in the right side. The slightest exertion caused great dyspnœa and oppression; the strength declined; emaciation became more and more marked; the lower extremities became œdematous, and vibices made their appearance upon them as well as upon the fore-arms. She finally died on July 28th.

Though the physical signs were, to a certain extent, indicative of tuberculosis, their appearance in the lower part of the back, and at one time, transiently, in the lower part of the right side, would not admit of this explanation. The age and previous history of the patient, the character of the expectoration when seen, and the healthy condition of the other lung, were all opposed to it. There was no evidence of gangrene, and none of the existence of a solid tumor, with the exception of the prominence mentioned, and this might be a simple deformity. It was therefore concluded that there was congestion, or a low degree of inflammation of the lung, as either of these would sufficiently account for the physical signs, and was not incompatible with the marked improvement in the general health, which, for some time, took place. The supervention of the dulness on percussion, afterwards, rendered it probable that effusion had taken place into the cavity of the chest, but the long persistence of the other thoracic symptoms and their character, indicated graver disease of a malignant nature, behind this.

In the treatment, tonics were mostly relied upon, though other medicines were from time to time administered, according to the indications.

On examination, the *left pleural cavity* was found to contain three pints of yellow serum, at the bottom of which was a red and white substance, closely resembling soft encephaloid. The left upper lobe was five inches in length and four in breadth; its apex was on a level with the arch of the aorta. Upon the anterior edge were a number of dull-white nodules, from half an inch to an inch in diameter, which yielded an abundance of milky fluid. Near these nodules was a ragged opening, apparently formed some time before death; through it a soft, encephaloid substance could be forced. This came from a cavity occupied by a large yellowish-white, soft, flocculent, cancerous mass two and a half or three inches in diameter, commencing an inch and a half from the apex of the lung. Into this cavity a bronchus opened. Anteriorly the organ was quite solid and firmly adherent to the pericardium. The remainder of this lobe and the lower, were dark-red and much compressed. In the primary bronchus, was a yellowish-white vascular growth, 3-4 of an inch in diameter, rising slightly above the surrounding surface.

A few ounces of serum were found in the *right pleural cavity*. The *right lung* was highly œdematous, but in other respects normal.

There was universal old adhesion of the *pericardial surfaces*, which were, however, separated with but little difficulty except at a point just below the valves of the pulmonary artery, where the disease had attacked the pericardium and the substance of the heart itself, the whitish encephaloid growth nearly reaching the inner surface. It had evidently extended from the mass in the lung, with which it was continuous.

The *heart*, with the exception mentioned, was normal.

The *brain* was not examined. The other organs were sufficiently normal.

On microscopic examination of the morbid growths, there were found

large granular cells of various shapes and sizes, containing large nuclei and nucleoli. These were very distinct in the nodules along the anterior edge of the lung; much less so in the larger mass and in the substance of the heart.

If there be cells peculiar to cancerous disease, they were found in this case.

Bibliographical Notices.

Medical Jurisprudence. By Alfred S. Taylor, M.D., F.R.S., &c. Fourth American from the fifth and improved London edition. Edited, with additions, by Edward Hartshorne, M.D. Philadelphia: Blanchard & Lea. 1856. Pp. 697.

[We have already referred to this valuable work, but are glad of the opportunity to present the opinion of one far more familiar with the subject than ourselves. The article was, in fact, prepared for the Journal, but unfortunately did not reach us in season. The writer's experience, and his position as a teacher of this branch of medical science, give additional value to his remarks.—Eds.]

As a standard work, the volume before us has long since been acknowledged by the profession; and, as a text-book, it is generally employed in those institutions where medical jurisprudence is taught. Each succeeding edition proves that the zeal and enthusiasm of its author are unabated; that nothing of real value escapes his scrutiny.

The American editor, although he modestly tells us that "his duties have been principally confined to a careful revision of the text, the incorporation of the addenda, and the introduction of occasional brief notes of recent cases and decisions, and references to others, as well as to some of the papers and works of interest which have been presented since the date of the Author's Preface"—has left the impress of his desire faithfully to perform his task, throughout the entire work.

That, in the short period of twelve years, many thousand copies should have been published, and that it should have reached the fifth edition, conclusively prove, not merely the rare value of the volume—but also that an increasing taste exists for, that an increasing attention is being paid to, the subject of medical jurisprudence. In this we heartily rejoice—one of the most interesting, and, at the same time, one of the most important branches of our profession, this subject has not generally received the attention which it deserves. It has not been one of the requisites of the medical pupil. In some of our colleges it is not taught. The absolute necessity of a familiarity with it has not been acknowledged. The more extensively the volumes of Taylor and of our own lamented Beck are circulated, the sooner will the science they have rendered so fascinating, be universally studied.

D. H. S.

A Review of the present State of Uterine Pathology. By James Henry Bennet, M.D., &c. Philadelphia: Blanchard & Lea. 1856. 8vo., pp. 75.

The object of this pamphlet is in part to enable the author to avoid entering into controversial discussions in a future edition of his treatise on Inflammation of the Uterus. It is principally occupied with proofs of the frequency of "ulceration" of the os uteri (contrary to the assertions of Dr. Robert Lee), with a reply to Dr. West's denial of its pathological importance,

and with a consideration of some of the various theories which account for the symptoms assigned by Dr. Bennet to that lesion, such as the Leucorrhœa Theory, the Syphilis Theory, the Ovarian Theory, and the Displacement Theory. An appendix contains some statistics of the frequency of the lesion among women in India, and a chapter on the "use and abuse of the stronger caustics, and of the actual cautery, in the treatment of uterine disease."

The study of uterine diseases, particularly of the so-called ulceration of the os uteri, is one of such general interest, and of such great importance, that anything from the pen of so distinguished an authority on this subject as Dr. Bennet will be eagerly read, and we can assure our readers that they will find this little work well worth their perusal. We should almost consider Dr. Bennet's complete refutation of Dr. Lee's absurd denial of the existence or prevalence of lesions of the os uteri a work of supererogation, did we not remember the strong conservative tendencies of our London brethren, and the great influence which the opinion of a man of Dr. Lee's eminence can have, even in retarding the truth. No one, we should imagine, who had ever read the graphic descriptions of Dr. Evory Kennedy, in the Dublin Quarterly Journal for 1847, and had then examined with the speculum for himself, could doubt the frequency of these lesions, whatever opinion he might entertain with regard to their pathological importance.

Dr. Bennet's refutation of Dr. West's denial of the importance of lesions of the os uteri, seems to us to be less satisfactory than the preceding chapter. We agree with Dr. Bennet in the extreme caution with which statistics should be used in illustrating a subject like this; a single error,—and they are liable to be numerous when applied to symptoms,—may vitiate the whole result. Although the author denies that ulceration alone is of vast importance in the pathology of uterine disease, and quotes the title of his work to prove his opinion, we cannot help feeling that he overstates the influence of this lesion quite as much as Dr. West understates it. Be this as it may, Dr. Bennet writes with the utmost fairness, and we could wish that all controversial writers would imitate the courtesy and respect which he exhibits in expressing his dissent from the opinions of his opponents.

The work may be had of Sanborn, Carter & Bazin.

Physician's Visiting List for 1857. Lindsay & Blakiston, Philadelphia.

The Publishers have sent us this useful companion, and in good season. Its form is the same, and perhaps wisely; although certain alterations might well enough be made. Such, indeed, have already been suggested by practitioners.—Dr. Hunt, in the last number of the *Buffalo Journal*, has given certain hints to this effect, while speaking of his "*Physician's Diary*," soon to be published.

We have thought that a very little enlargement of the page on which visits are recorded, would allow of the entry of the patient's address, *there*, instead of having separate pages, and being obliged to turn to them.

Another suggestion we would make is, that a column should be added for the amount charged, at the end of the week. This would render the book evidence, in case it became necessary to prove a charge; a great convenience to those who use no other day-book.

We observe that the publishers offer to print copies which will admit of registering *one hundred patients a week*. There seems little chance of their having a call for a large edition of such in our city. The inhabitants have reason to be grateful for the remarkable measure of health they enjoy; and

there is no honest physician but will join them in this feeling. The "List," however, will be in demand; and all who have hitherto used it, would be quite at a loss without it.

Lectures on Materia Medica and Therapeutics. By JOHN B. BECK, M.D., Professor of Materia Medica and Therapeutics. Prepared for the Press by C. R. GILMAN, M.D., Professor of Obstetrics, &c., in the College of Physicians and Surgeons, New York. N. York: Samuel S. and Wm. Wood. 1856. 8vo., pp. 559.

THE name of Dr. John B. Beck is enough to recommend this volume, which consists of the lectures delivered by the author in the New York College of Physicians and Surgeons, and prepared for the press, after his death, by Dr. Gilman, who has introduced new articles on cod-liver oil and anæsthetics, and adapted the whole work to the present state of the science. We know of no work of its size on therapeutics which is so elaborate, and so worthy of the confidence of the profession, as this, and the fact that it has reached a second edition is a confirmation of our opinion.

Washington on Assimilation, Consumption and Scrofula. Louisville, Ky.

THERE is much good sense and practical value in this pamphlet of Dr. Washington's. What he advances in its pages as regards the general treatment of consumption by air, exercise and diet, cannot be gainsaid by any one. We have long advocated the great advantages to be derived, in the treatment of this disease, from horseback exercise and labor in the open air, and also from a highly nutritious diet. Numerous well-established cases have come under our notice, where not only temporary, but permanent relief has been experienced by simple attention to this general treatment, aided perhaps by some simple remedies. In fact, we like Dr. W.'s remarks, but at the same time regret that the general appearance of the pamphlet, the author's preface, and the "recommendation" on the cover, smack a little too much of "an advertising sheet," and as if intended for the public in general, more than for the profession. S.

Physicians' Tabulated Diary, designed to facilitate the Study of Disease at the bedside. By a Physician of Virginia. Richmond: J. W. Randolph. 1856.

THIS is a little volume of convenient size for the pocket, which enables the physician to note the more important signs of disease at the bedside of the patient. It contains ruled columns with headings, which must facilitate to a considerable extent the labor of note-taking. Although there is not room for a very extended record, yet the accuracy of notes taken on the spot must render this Diary a useful companion to the active practitioner, to whose attention we recommend it.

City Registrar's Report on the Births, Deaths and Marriages in the City of Providence, during the year 1855.

Bill of Mortality of the City of Lowell, for the year 1855.

THESE two Reports are compiled with care, and have every appearance of accuracy. They show that the value of reliable statistical information is fully appreciated in the cities of Providence and Lowell. We wish the same could be said of many other places. Until the collection of statistics, especially of those relating to disease and to the causes of death, be a regular department of every municipal administration, we must look in vain for any great advancement in sanitary reform.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 2, 1856.

MASSACHUSETTS MEDICAL SOCIETY'S PUBLICATIONS.

The members of the Society receive double measure this year, as in addition to the usual Address and Record of Proceedings, the Prize Essay of Dr. Lyman is printed as a separate pamphlet, and distributed to the Fellows. The first of these volumes is chiefly occupied with the Address of Dr. John G. Metcalf, on the Study and Practice of Midwifery, containing 122 pages. This paper, however, hardly deserves the name of an address; it is rather a dissertation, consisting in great part of elaborate statistical tables, fifty-eight in number, comprising all the data connected with the practice of midwifery. For this reason, we think that Dr. Metcalf would have better suited the interests of the Society by presenting this valuable work as a communication, and devoting the hour assigned for the address to some topic of general interest, or which at least would have been listened to by the Fellows with more attention than they could be expected to pay to mere columns of figures. The custom of always printing the Annual Address must lead to the delivery of such discourses as are more fitted for reading than for listening to. Hence, we wish that this formality might be dispensed with. The occasion is one of great interest to the Fellows, and partakes of a social as well as of a scientific character. We would not exclude from the meeting matters of science, we conceive that they ought to occupy the principal portion of attention; but the address forms the conclusion of the session, and ought not to be exclusively scientific. There are many circumstances suggested by the occasion which would interest us as men, no less than as physicians. An address of this character, while it would have a favorable influence, by tending to draw closer the bonds which unite the Fellows of the Society, need not necessarily be printed, and other papers of a more scientific character could compose the volume.

We are glad that the Committee on Publications decided to publish, under the auspices of the Society, Dr. Lyman's elaborate essay on the History and Statistics of Ovariotomy. The amount of labor expended in researches on this subject by Dr. Lyman must have been immense, and the work will ever remain a monument of his industry and ability. We shall hereafter notice Dr. Lyman's work, as well as that of Dr. Metcalf, at greater extent.

It is a somewhat interesting coincidence that two operations for ovariotomy should have been performed at the Massachusetts General Hospital, last week, by Drs. Townsend and Gay, almost simultaneous with the appearance of Dr. Lyman's essay. One of these operations could not be completed, on account of the extensive adhesions between the sac and the intestines. In the other case, the diseased mass, partly encysted and partly solid, was removed entire. The details and results of these cases will be reported in a future number.

OUT-DOOR AMUSEMENTS.

Under this title, the *New York Daily Times* of September 24th has some excellent remarks, and tells certain unpalatable, but palpable, truths. We have, in a previous volume, referred, in connection with the frequency

and causes of sudden death, to the lack of such sports and relaxation from business as other nations enjoy, and from which they derive both immediate and prospective advantage. The more hardihood of body and suppleness of limb is sought and cultivated, the more energetic and developed will the race become. The question is a serious one and worthy of the best attention of our people; shall we improve or degenerate, in these respects? It is preposterous to cramp the muscles, and allow them to *wither* for want of use. Does not every man feel better able to perform mental tasks, who gives his physical nature, daily, a proper amount of exercise, air and pleasant excitation? Why should Mammon strangle Health and Life? Of what use are riches hoarded by intense and unremitting toil, if, by the very process of accumulating them, one loses all ability to enjoy them? It is true they may benefit others, but we address the slaves who heap them up, and ask what other purpose they will serve *them*, personally, except to furnish them a bed for illness, *pay their doctor's bill*, and remunerate the undertaker, several, it may be many, years before his services, under a *régime* more consonant with hygienic rules, would have been demanded.

There is such down-right truth in the article in the *Times*, that we gladly transfer a portion of it to our pages. The life of business men, here, is much the same as in New York; and clerks must suffer to a fearful extent from the constant occupation, lack of out-door amusement and exercise, a consequent craving for artificial stimulus, indulgence therein, and all the unfailing consequences. The *Times* says,

"One of the chiefest phenomena which struck Mr. Emerson, during his late visit to England, was the frame and muscle of the men he saw. Several disparaging allusions to degenerate man he omitted in his English lectures, conquered and made ashamed by the muscle that he beheld around him. He could not, in the face of the overflowing Saxon vitality, talk of feeble frames and enervated constitutions.

"It is painful to reflect that in this country no such impression would have restrained him. In our manufacturing cities, which compare with those English ones in which he lectured, the physical man is almost entirely neglected. We pursue the dollar. Fortuna has her million worshippers. Hygeia but few. Hard work, late hours, rapid dinners and little exercise make us, for the most part, dyspeptics and valetudinarians.

"There is no natural reason on earth why Americans should not be as muscular as Englishmen. Anatomists have proved to us that the skeleton is fully as large, and all we want is that vigorous attention to health which it at present seems our pride to neglect. We have a good many gymnasiums in this country, but the majority of the patrons are Germans and Englishmen. And we have no society equivalent to that excellent institution the Turnverein, which Austrian governments view with such alarm.

"We have had our attention directed to this subject by the late cricket match at Hoboken, between the eleven of the United States and the eleven of Canada. On inquiry, we find that in the so-called eleven of the United States there was not a single American playing.

"This tells the whole story. We have no taste, or at least have exhibited no taste, for those athletic exercises which make life fruitful and enjoyable. We fight well, but our power even in physical contest is more intellectual than the result of physical strength. Could we combine the two, how much might we not be able to compass. * * * *

"We have the Anglo-Saxon frame perpetuated in us. There is nothing

to prevent our going ahead of our ancestors in this as in many other things, save our enervating habits. We boast that we have bigger trees, bigger rivers, and a bigger country than the English. Let us add to the list a bigger body muscle."

RADICAL CURE OF HERNIA.

M. PIORRY has lately suggested a new method for the radical cure of hernia, which seems worthy of a trial. If, after reducing a hernia, we pinch up a fold of the integument on the inner side of the ring, and draw it towards the pubis, the skin in front of the ring becomes so tightly stretched that the hernia is not reproduced when the patient coughs, particularly if it be small. In one case, in which several loops of intestine descended, the ring being large enough to allow three fingers to enter, after the skin was tightly stretched in this way the hernia was perfectly retained while the patient coughed. M. Piorry proposes to remove a portion of skin in the neighborhood of the ring, and by bringing together the edges of the wound, to maintain the teguments in a state of permanent tension, thus acting like the pad of a truss. We would suggest that the actual cautery might be cautiously tried in such cases. The well-known property of cicatrices of the skin caused by burns to contract firmly, which is so often followed by disastrous results, and is so difficult to overcome, might be taken advantage of as a means of curing, or at least diminishing the tendency to protrusion, which is generally owing to an extremely lax condition of the abdominal parietes. The ablatition of a portion of integument is also proposed as a cure for varices.

Contagiousness of Phthisis.—In a series of lectures on the "History and Constitutional Characters of Phthisis," delivered at the Hospital for Consumption, &c. in London, by Dr. J. E. Pollock, and published in the *Lancet*, we find the following brief remarks on a subject which is often, in different ways, forced upon the attention of medical men.

"In diseases of an acute character and of marked intensity we find a difficulty in obtaining positive evidence of contagion, even although certain localities of defined extent may alone be attacked, and the invasion and progress of the epidemic may have been noted with peculiar care. An increased difficulty manifestly attends the investigation of the possible effects of contagion in phthisis, its attacks being insidious, its progress slow, and its localization indefinite; while the circumstances, such as impure air, poverty, deficient food and clothing, and certain occupations which are supposed to prepare the system for the disease, are of universal prevalence as regards time and form, the inevitable features of civilized society everywhere. Again, in the cases which seem to favor the theory of contagion—as when the wife or parent, from attendance on the husband or child affected by phthisis, are attacked by the disease themselves—we have, in addition to the manifest tendency to tubercle, which blood relationship gives (where it exists), an aggregation of the very circumstances which notoriously predispose to an attack—anxiety, night-watching, irregular and hasty meals, deprivation of fresh air, and a mental concentration on every feature of a slowly-destructive malady. The presumptive evidence is also as yet against the theory of contagion, isasmuch as we are yet unacquainted with any chronic disease which is unmistakably communicable by anything short of inoculation with a virus; and exceptions of this class are probably confined to syphilis, porrigo and psora."

Substitute for Milk.—M. Guyot, in the *Répertoire de Pharmacie*, proposes a substitute for milk, as an article of diet for children, when fresh milk cannot be procured, especially during hot weather, and in large cities. The whey of milk is taken, and mixed with the yolk of egg in the proportion of one of the latter to about seven ounces of the former. The whey should be at the temperature of between 86° and 90°. The mixture is made more perfect by beating it well, which also renders it more digestible by introducing a quantity of air. A little sugar should be added, since human milk is more rich in lactine than that of the cow. The chemical composition of albumine is analogous to that of caseine, and hence the former is substituted for the latter in this artificial compound. The butter of the genuine milk is replaced by the oil contained in the egg, where it exists in a state of extreme division, in the form of emulsion with the albumen. M. Guyot says that children take this compound with pleasure, and digest it well; he thinks it is slightly more laxative than genuine milk.

Influence of Education on the Duration of Life.—In ten departments of France in which, on an average, 26 out of 100 adults know how to read and write, the average duration of life is 30 years; in the other ten, in which 86 out of 100 can read and write, the average duration is 36 years. In ten departments, whose inhabitants have an average life of 46 years, 57.5 out of 100 can read and write; in ten others, in which the average duration is 29 years, the number who can read and write is 29 out of 100.—*L'Union Médicale.*

Medical Staff of the U. S. Army.—A medical board, to consist of Surgeons C. A. Finley, S. G. J. Decamp and J. J. B. Wright, will assemble at St. Louis, Missouri, on the 1st of November, 1856, for the examination of applicants for admission into the medical staff of the United States Army. Applications for admission will be made to the Secretary of War.

Health of the City.—It will be seen, by the report below, that consumption has taken its customary precedence among the fatal diseases of last week. Dysentery is quite prevalent, though we are glad to see that the number of deaths by it is comparatively small; the same may be said of typhoid fever. The mortality is much greater than during the corresponding week of last year, when the total number was 91, against 118 this year. The deaths, too, by consumption, cholera infantum, dysentery and scarlet fever, were last year respectively, 12, 11, 11, and 2, against the higher numbers this year of 21, 17, 13 and 7.

Communications Received.—Case of Amputation of the Thigh.—Case of Melanosis.—False Membrane passed *per anum* in Dysentery.—Use of Fat in Consumption.—Case of Empyema.

Died,—In Litchfield, Ct., Sept. 15th, Loomis North, M.D., of Bristol, Ct., aged 45.

Deaths in Boston for the week ending Saturday noon, Sept. 27th, 118. Males, 63—females, 55. Accident, 1—inflammation of the brain, 2—consumption, 21—convulsions, 2—cholera infantum, 17—croup, 2—dysentery, 13—diarrhœa, 1—dropsy, 1—dropsy in the head, 5—infantile diseases, 7—puerperal, 1—epilepsy, 1—typhoid fever, 2—scarlet fever, 7—disease of the heart, 2—intemperance, 2—inflammation of the lungs, 4—disease of the liver, 1—marasmus, 6—pleurisy, 1—rheumatism, 1—suicide, 1—teething, 5—thrush, 2—tumor, 3—unknown, 4—whooping cough, 1—worms, 2.

Under 5 years, 65—between 5 and 20 years, 12—between 20 and 40 years, 17—between 40 and 60 years, 16—above 60 years, 8. Born in the United States, 77—Ireland, 31—England, 4—British Provinces, 3—other foreign places, 3.

We translate the following from the *Gazette des Hopitaux* of May 20th, as it is interesting in connection with the cod-liver oil treatment of disease.

French Academy of Sciences, Session of May 12th, 1856.—*Assimilative property of different Oily Substances.*—Under this title M. Berthe offered a memoir, which he sums up in the following words:—

"The beautiful experiments of MM. Dumas, Persoz, Liebig, Brussingaul and other men of science, have made known the utility of various oils in the process of nutrition, as aliment for the respiratory system. Those of M. Claud Bernard have taught us to what agents nature has assigned the office of digesting these bodies, and making them fit for assimilation. But all these substances do not possess, in the same degree, the property of assimilation. Some are digested with an almost inexhaustible facility; others, on the other hand, soon bring the system to a state of saturation, as it were, so that after a certain interval of time we find in the excrements a quantity of oily matter equal to that which has been swallowed. Are there laws which regulate this property of assimilation? This is the question which I propose to answer in the researches which are the subject of the present memoir.

"The substances which I have submitted to experiment, are not only butter, almond, olive, poppy and whale oils, but English cod-liver oil, cod-liver oil washed or purified by alkalies and charcoal, and pure brown cod-liver oil. All these oils were successively administered to a man in good health and subjected to a strict regimen, in the dose of from thirty to sixty grammes (about one to two ounces) daily.

"By an exact determination of the quantity of oil contained each day in the fæces, I have been able to decide that the shortest period of time required to bring the system to the point of complete saturation—that is, the time when almost the whole of the oil is found in the excrements—is twelve days for poppy, olive and almond oils; about a month for butter, whale oil, English, bleached or washed, cod-liver oil; while a month's administration of the pure brown cod-liver oil is not sufficient to cause an appreciable increase in the quantity of oily matter in the excrements. From which I conclude that these substances may be divided into three classes, based upon their assimilative properties. First, Bodies assimilated with difficulty—poppy, olive and almond oils, and probably all the vegetable oils. Second, Bodies assimilated without much difficulty—butter, whale oil, white cod-liver oil, bleached or washed cod-liver oil, and probably all animal fats. Third, Bodies assimilated with great ease—brown and pure cod-liver oil."

The memoir was referred to MM. Chevreul and Bernard to report upon its merits.

Cholera.—This disease is raging fearfully at Moscow, which is said to be the true cause for the postponement of the Czar's coronation; and Lisbon letters speak of cholera as still continuing its ravages in Lisbon and through the provinces. Peniche is now declared infected. The French screw liner, *Prince Jerome*, has lost several men from this disease and typhus fever. The intelligence from Madeira is very disastrous. Cholera broke out at sea amongst some Portuguese troops that left Lisbon on the 20th of June, and when they landed at Funchal a fair was being held, the troops mixed with the inhabitants, and cholera broke out among the latter. When the *Avon* left Madeira on the 3d of August, there had been 5,000 cases of cholera and 1,500 deaths among the population of Funchal, which numbered only 28,000.—*London Lancet.*

The income of the Royal Infirmary of Edinburgh (excluding legacies, of which one lately amounted to £33,000) was, on the authority of Mr. Syme, in 1836, £5,669; in 1837, £5,779; in 1854, £10,396 (not including a donation of £2,000); and in 1855, £15,819. The accommodation for patients in the Royal Infirmary was—in 1836, for medical cases, 290 beds; for surgical cases, 95; total, 385. In 1856, for medical cases, 315; for surgical cases, 250; total, 565.

A public dinner was given in Paris on the 20th August, by the physicians and surgeons in civil practice in that city, to the medical officers of the French army and navy who had served during the war in the east. Four hundred professional men were assembled, and Baron Paul Dubois presided at the table.